



Pain Management/Procedure Referral

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance Provider: _____

Preferred Physician: First Available Harrison Irons, MD Erin Morella, MD Rachel Roberts, MD Other

Pain Management (e.g. Low back pain):

Directed Procedure (IMAGING and NOTES REQUIRED – e.g. epidural, injection, block, and specific body region):

Comments (detailed description regarding how we can assist your patient):

Please attach all of the following: ☐ Front and Back of insurance card ☐ Demographic sheet
☐ Imaging ☐ Clinical Notes

**Please be sure insurance is active. Most major insurance plans are accepted.*

Office Location: 2868 Acton Road 727 Memorial Drive
Birmingham, AL 35243 Bessemer, AL 35022

Referring Provider (include NPI, if known): _____
First Last NPI

Practice Name: _____ Specialty: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

EHR Direct Messaging Address: _____

Referrals can also be submitted online at:
Bamapain.com/ Online-Referring-Provider-Form/

